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## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Anjana Agarwal, et al.  
 For : APPARATUS, METHOD AND SYSTEM FOR  
 PROVIDING A DEFAULT MODE FOR  
 AUTHENTICATION FAILURES IN MOBILE  
 TELECOMMUNICATION NETWORKS  
 Serial No. : 09/591,759  
 Filed : June 12, 2000  
 Attorney Docket No. : LUTZ 2 00129  
 Agarwal 10-5-7-16

## ASSOCIATE POWER OF ATTORNEY (37 CFR 1.34)

Assistant Commissioner for Patents  
 Washington, D.C. 20231

Dear Sir:

Please recognize as Associate Attorneys in this case:

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Respectfully submitted,

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CERTIFICATE OF MAILING

I hereby certify that this Associate Power of Attorney is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231.

Date: 10/27/02

*Roscanne Giuliani*  
 By: *Roscanne Giuliani*  
 Roscanne Giuliani

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NO. 268

Inventor/Applicant: <i>Ascani et al.</i>	Pat. No. _____
Title: <i>1744 AND 1745 IN THE PLATE STATE MFG. CO.</i>	Ser. No. <i>09/591-159</i>
Attorney Docket No. <i>1744-2009</i>	Filed <i>June 12, 2000</i>
Initials <i>TV/10</i>	Date <i>Oct 19, 2002</i>
<input type="checkbox"/> <b>PATENT/DESIGN APPLICATION</b>	
<input type="checkbox"/> New Application Transmittal	Transmittal(s) _____
Cont. <input type="checkbox"/> Div. <input type="checkbox"/> C-I-P <input type="checkbox"/> Provisional	Extension of Time (For _____ month(s))
CPA Transmittal <input type="checkbox"/> PCT Request	<input type="checkbox"/> PCT DEMAND (Due _____)
Declaration/Power of Atty.	<input type="checkbox"/> CHECK(S) In Amount \$ _____
pgs. Specification	<input type="checkbox"/> OTHER <i>for a 1 year extension</i>
pgs. Claims	<i>1 year extension</i>
(total) <input type="checkbox"/> independent	
pgs. Abstract	
Sheet(s) of drawing(s)	<input type="checkbox"/> Informal
(formal) <input type="checkbox"/>	
Preliminary Amendment	
Request and certification under 35 U.S.C. 122(b)(2)(B)(i)	
Claim for Right of Priority	
Priority document(s)	
Small Entity Statement(s)	
Final Fee <input type="checkbox"/> Publication Fee	
Response to missing parts	
<input type="checkbox"/> <b>ASSIGNMENT</b>	
<input type="checkbox"/> Transmittal <input type="checkbox"/> Confirmatory	
<input type="checkbox"/> <b>INFORMATION DISCLOSURE STATEMENT</b>	
PTO Form 1449 <input type="checkbox"/> Refs.	

**DOCKETED**

EXCEPT AS HEREBY ACKNOWLEDGED

NOV 04 2002

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